

Name in Full

Joseph Aydelotte

Town

County

MARYLAND

Died at

Bedfordtown Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9 - 11

Age

unknown

Male

White

Married

Widow

Divorced

~~Female~~Colored

Single

Widow

Number of children living

2

Husband

of

Learal J Aydelotte

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

paralysis

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

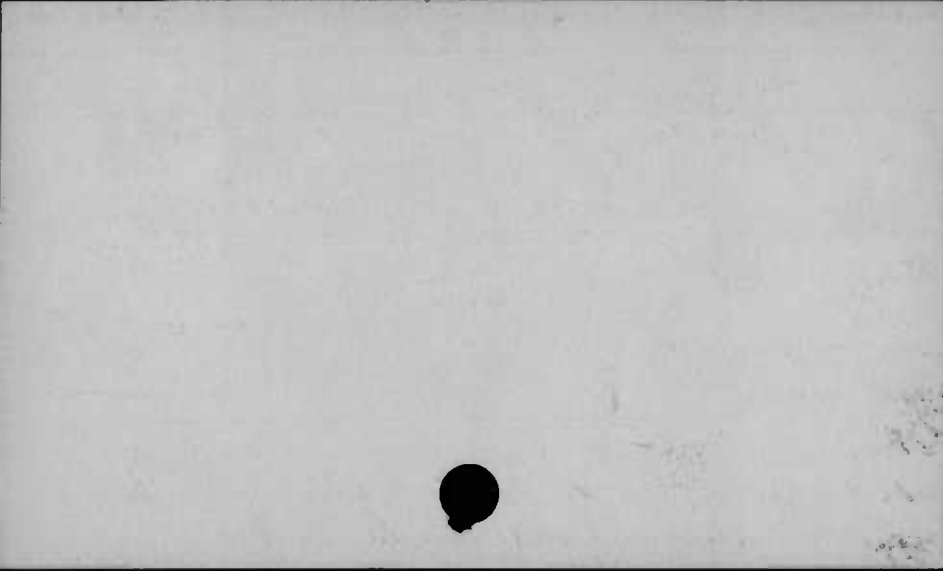
Reported by

Wm H Hearn

Address

Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Boss

Town

County

Died at Near Snow Hill Worcester MARYLAND

Date 1907	Mar. 4	Age 27	Native of Snow Hill	Occupation Laborer
Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living 1

Husband of Annie France

Wife

Father's Name Joseph W. Boss

Mother's Maiden Name Mary J. Brinkman

Cause of Death Primary Consumption

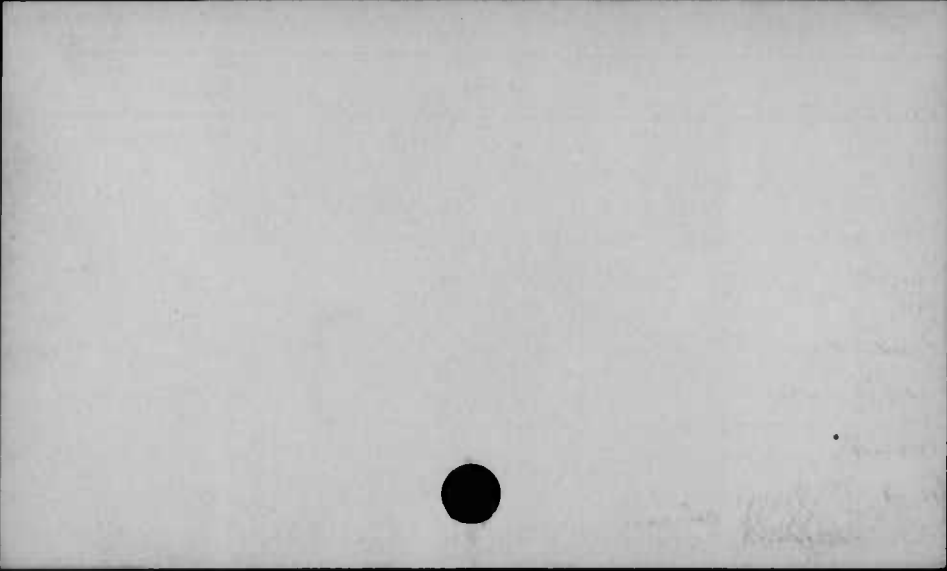
How long sick 4 months

Accident, Suicide, Homicide

Reported by William J. Williams

Address Snow Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*John Brethtingham Child*

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

*March*

Age

*6*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

*one*

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*151*

Accident, Suicide, Homicide

Reported by

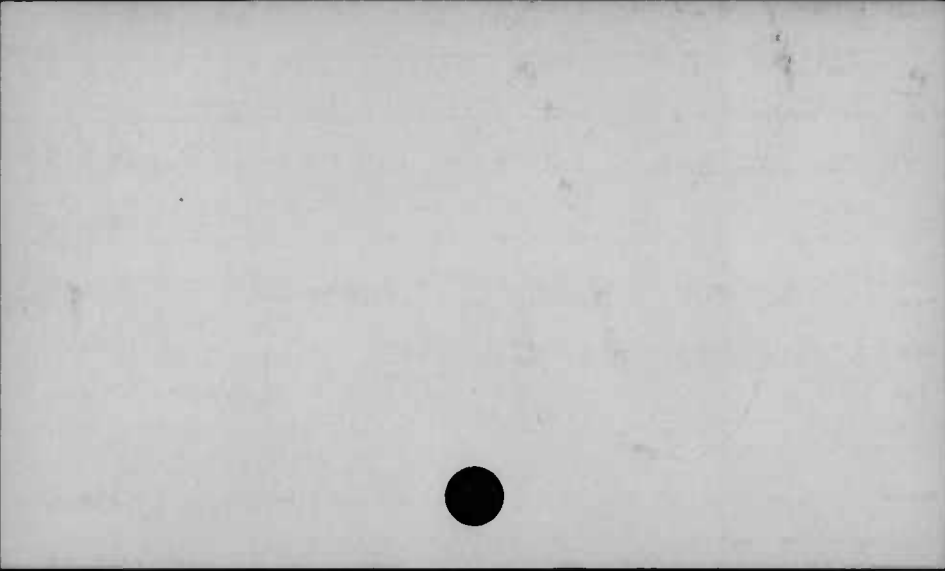
*L. J. Evans & son*

Address

*Undertakers Berlin*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75885



Name in Full

Certificate of Death

Francis J Chatham

Died at <sup>Town</sup> Attunsonobishe <sup>County</sup> Worcester Co MARYLAND

Date 1902 March 30 Age 66 Native of America Occupation Farmer

Male White Married Widower Owned

Female Color Single Widower Number of children living

Husband of

Wife

Father's Name Charles Chatham Mother's Name Henrietta Storena

Cause of Death Primary Brights Kidney How long sick 12 months

Death Immediate Heart Failure Accident, Suicide, Homicide

Reported by J. J. Leoster

Address Pocomoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Mahala Coffin

Town

County

MARYLAND

Died at

Sydney street Worcester

Date 19

02

Month

12

Day

26

Age

Y.

M.

D.

63

Native of

Md

Occupation

Motown.

Male

White

Married

WidowDivorced

Female

ColoredSingleWidower

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75893



*James Collins*  
 Town County  
 Died at *Near Snow Hill Worcester* MARYLAND  
 Date 1902 3-27 Age 74 Y. M. D. Native of U.S. Occupation Farmer  
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widower ~~Widow~~ Divorced  
 Number of children living 10

Husband of *Jane Collins*  
 Wife  
 Father's Name *Don't know* Mother's Maiden Name *Don't know*  
 Cause of Death { Primary *Old age* Immediate  
 How long sick 5 months  
 Accident, Suicide, Homicide

Reported by *W. H. Haring Jr. Jun 7*  
 Address *Snow Hill Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cynthia M. Hayden

Town

County

Died at

Pocomoke City

Worcester

MARYLAND

Date 19

02

Month

Day

3 30

Age

38

Y.

M.

D.

Native of

Maryland

Occupation

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

F. H. Hayden

Wife

Father's

Name

Wm. Munnell

Mother's

Maiden Name

May Branghton

Cause of

Primary

Heart trouble

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. H. Wargner

Address

Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Noah W Dutton*

Died at *Baconville City* *Worcester* **MARYLAND**

Date 19 *02* *March* *12* Age *65* *Somerset* *Ship Carpenter*  
Male ~~White~~ Married ~~Widow~~ Divorced  
Female ~~Colored~~ Single ~~Widower~~ Number of children living *one*

Husband of *Sarah Jackson*  
Wife *Don't know* Mother's *Don't know*  
Name Maiden Name

Cause of { Primary *Phthisis Pulmonalis* How long sick *a year*  
Death { Immediate *poverty & exhaustion* Accident, Suicide, Homicide

Reported by *J. J. [unclear]*  
Address *Baconville City* *MD* *27*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Ida Magdalen Ellis

Died at <sup>Town</sup> Pocomoke city <sup>County</sup> Worcester

MARYLAND

Date 19 <sup>Month</sup> 02 <sup>Day</sup> March <sup>Y.</sup> 19 <sup>M.</sup> 5 <sup>D.</sup> 2 <sup>Native of</sup> Pocomoke <sup>Occupation</sup> Infant

~~White~~ <sup>White</sup> ~~Married~~ <sup>Married</sup> ~~Widow~~ <sup>Widow</sup> ~~Divorced~~ <sup>Divorced</sup>

~~Female~~ <sup>Female</sup> ~~Single~~ <sup>Single</sup> ~~Widower~~ <sup>Widower</sup> ~~Number of children living~~

Husband of

Wife

Father's Name C H Ellis

Mother's Maiden Name Ida V Rops

Cause of Death { Primary Typhoid Malarial Fever 2 weeks How long sick

Immediate Cerebral congestion Accident, Suicide, Homicide

Reported by J. J. Quinn

Address Pocomoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant Ches Gumbey

Town

County

MARYLAND

Died at

Berlin

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

11

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

B. J. Eames

Address

Berthoud

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Elizabeth A. Johnson*  
 Town County

Died at *Snow Hill*

MARYLAND

Date 1902 *3-3-* Month Day  
 Age *86* - *26* Y. M. D.  
 Native of \_\_\_\_\_ Occupation \_\_\_\_\_  
 Male White Married Widowed Divorced  
 Female Colored Single Widowed  
 Number of children living *3*

Husband of *Wm. J. Johnson*  
 Wife

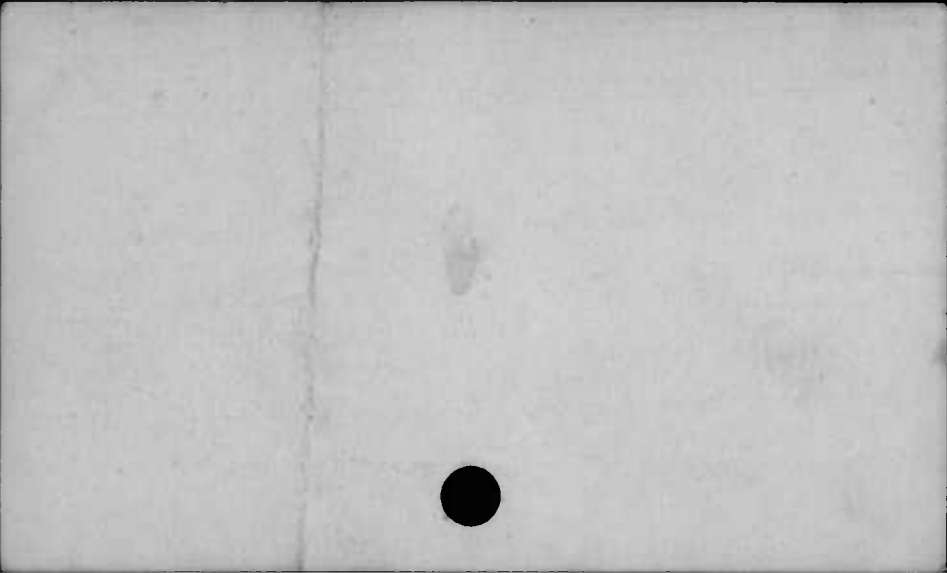
Father's Name *Phos. Johnson* Mother's Name *Hettie Borthingham*  
 Maiden Name

Cause of Death { Primary *Paralysis* How long sick *1 Year*  
 Immediate *As thevenia* *66*  
 Accident, Suicide, Homicide

Reported by *C. P. Jones M.D.*

Address *Snow Hill Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anne Jones

Town

County

Died at

Pocomoke

Worcester

MARYLAND

Date

1902

Month

Day

March 30

Age

72

Y.

M.

D.

Native of

Maryland

Occupation

Housewife

Female

White

Married

Widow

Divorced

Number of children living 5 living

Husband

of

Henry Jones

Wife

Father's

Name

Ralph Hindman

Mother's

Name

Polly Byden

Cause of

Primary

Tuberculosis

How long sick

12 months

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Sae T Costen

Address

Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

King F. Jones  
 Town County  
 Died at near Pocomoke City, Worcester MARYLAND  
 Date 1902 3 15 Age 42  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living  
 Native of Maryland Occupation Farmer

Husband of  
 Wife  
 Father's Name Major W. Jones Mother's Name Anne Elizabeth Powell  
 Maiden Name

Cause of Primary Pneumonia How long sick 2 weeks  
 Death Immediate Accident, Suicide, Homicide

Reported by C. F. Hargis

Address Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



### Certificate of Death

Henry Marten child

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

2

Male

White

**Married**

Widow

### Divorced

Femina

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

## Father's

Mother's

Name \_\_\_\_\_

Maiden Name

### Cause of

### Primary

## Death

Immediate

## How long sick

## Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr Cyrus Derickson

Name in Full

Certificate of Death

*Charles Niblett*  
 Town County *Worcester*

Died at *Bishop* MARYLAND

Date 19 *02 Mar* 31 Age *18* Native of *md* Occupation *farmer*  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single Widower Number of children living *Don't know*

Husband of

Wife

Father's Name *Prof Niblett* Mother's Maiden Name *SO*

Cause of Death { Primary *Blood turned to sugar* How long sick *6 months*  
 Immediate *No* Accident, Suicide, Homicide

Reported by *Penner Watson*

Address *Selbyville Del*

*Timothy Beayne*  
*Bishopville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Pape*

Died at *near Pocomoke city Worcester* MARYLAND

Town County

Date 19 *22* Month *March* Day *12* Age *2 14* Y. M. D. Native of *Worcester* Occupation *Infant*

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Amelia Postley*  
 Town County

Died at *Near Bishop*

Month Day

Y. M. D.

Native of

Occupation

MARYLAND

Date 1902 *mar* *31*

Age *27*

*Maryland Housework*

~~Male~~

~~White~~

Married

~~Widow~~

~~Divorced~~

Female

Colored

~~Single~~

~~Widower~~

Number of children living

Husband of

*John Postley*

Wife

Father's

Name *Dont know*

Mother's

Maiden Name *Dont know*

Cause of

Primary

*Dropsy*

Death

Immediate

*No*

How long sick

*four months*

~~Accident, Suicide, Homicide~~

Reported by

*Pamter Watson*

Address

*Bellville Del*

*Timothy Payne*  
*Bishopville*  
*md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Lizzie Postley*  
 Town *Bishop* County *Winchester* MARYLAND  
 Died at *Bishop* Month *Mar* Day *8* Y. *30* M. *Ind* D. *Ind* Native of *Ind* Occupation *housework*  
 Date 19*02* *Mar* *8* Age *30* *Ind* *housework*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *0*

Husband of *Wm Postley*  
 Wife of *Wm Postley*  
 Father's Name *Don't know* Mother's Maiden Name *Don't know*  
 Cause of Death { Primary *Consumption* Immediate *No* How long sick *Don't know*  
 Accident, Suicide, Homicide ☐

Reported by *Funter Watson* by *Timothy Beeson*  
 Address *Selbyville Del* *Bishopville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *May Priddo*  
 Died at *Newark* Town *Worcester* County *MARYLAND*

Date 1902 *March 8* Month *March* Day *8* Y. *16* M. *16* D. *16* Native of *Ind* Occupation  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*179*  
*died no*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Original Attendance



Name in Full

Certificate of Death

*Lauro Purnell Child*  
 Town *Mar Berlin* County *Worcester* MARYLAND  
 Died at  
 Date 19 *02* Month *3* Day *29* Y. *3* M. *—* D. *—* Native of *Worcester* Occupation *—*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at *Infant- Purnell*  
 Town *Berlin* County *Worcester* MARYLAND

Date 19 *02* *3* *26* Age *- 2 -* Native of *Worcester* Occupation *—*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*

Husband of *James Purnell* Mother's *Lizim Purnell*  
 Wife *—* Maiden Name *—*  
 Father's Name *James Purnell*  
 Cause of *Whooping cough* How long sick *8*  
 Death *Immediate* Accident, Suicide, Homicide

Reported by *Bill Powell*  
 Address *Berlin*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Leammuel Shorvell

Town

County

Died at Ocean City Worcester State of MARYLAND

Date	1902	Month	3	Day	2	Y.	M.	D.	Age	76	Native of	Maryland	Occupation	Farmer
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Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living 3

Husband of Armin B Shorvell

Father's Name	Leammuel Shorvell	Mother's Maiden Name	unknown
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Cause of Death	Primary	Paralycus & Disabilities	How long sick	66	66	How long sick	66
Death	Immediate	Disabilities	66	66	66	66	66

Reported by Dr Wm J Heard

Address Ocean City Worcester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Parke Truitt

Town

County

Died at

MARYLAND

Pocomoke City Worcester

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

27

Age

27

2

7

Philadelphia

R Road

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Unknown

Death

Immediate

Phthisis Pulmonalis

How long sick

4 months

Accident, Suicide, Homicide

Reported by

Address

B. J. O. Truitt M.D.

Pocomoke City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968





Mary E. White

Town

County

MARYLAND

Died at

Newark

Worash

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

6

Age

67

Worash

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Grief Prostration

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Rosa White

Address

Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Paul Jones  
Snow Hill  
Md